



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
Bureau of Workforce Programs

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
Employment Support Unit
Workforce Policy Development Section

BWP OPERATIONS MEMO

No.: 02-10

File: 1110
1115
1120

Date: 02/01/2002

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: URGENT

SUBJECT: **ELDERLY/BLIND/DISABLED (EBD)
CHOICE OF MEDICAID APPLICATION METHOD**

CROSS REFERENCE: *Income Maintenance Manual, I A and B
Medicaid Handbook 37.0.0
Operations Memo 01-39*

EFFECTIVE DATE: February 1, 2002

PURPOSE

This memo expands Medicaid (MA) program simplification by implementing client choice of application method for Elderly, Blind and Disabled (EBD) MA, and introduces the new EBD MA application and review form.

BACKGROUND

A simplified single page application form, DES-12277, was developed and issued for Family MA effective 1/1/01. While the primary groups to receive these applications were the Federally Qualified Health Centers (FQHCs) and Disproportionate Hospitals (DSHs), a limited supply of these forms (with instructions) were sent to local agencies to use as a back up for the CARES system.

Beginning July 1, 2001, the Department of Health and Family Services (DHFS) introduced program simplification through:

1. Client choice of application method for Family MA.
2. Reduced verification requirements for **all** MA.

DHFS stated at that time that it would extend the client choice of application method to clients applying for all categories of MA at a later date.

NEW APPLICATION FORM

A new MA only EBD mail-in application form (see attached) has been created to collect the necessary MA eligibility information for any EBD MA eligibility determination. The new form, the Application and Review Form for Wisconsin Elderly/Blind/Disabled Medicaid (DES-2034 R. 01/02), will replace the Application and Review Form for Medicaid for Nursing Home/Institution and Community Waivers (DES-2034 R. 11/97). Advance orders will be taken, but the new DES-2034 forms will be available in the warehouse beginning 2/20/02. Until that time, you can access the form on <http://workweb.dwd.state.wi.us/notespublish/bwiforms/11e.htm>.

The DES-2034 application form will also be sent out in place of DES-2035 for SSI redeterminations beginning 3/19/02. If the client would like to receive Food Stamps, they will need to request a face-to-face interview at the local ES agency.

Discard any old DES-2034 (R. 11/97) that are in the agency as soon as the new DES-2034 (R. 01/02) is made available. Be sure to discard all the old forms, because the new form meets all federal requirements.

CURRENT MA POLICY AND PROCESS

Current policy requires that all EBD applications for MA be done through a face-to-face interview. Mail and phone reviews are currently allowed for all of MA, but the choice of review method for EBD MA rests with the local agency staff; not the client.

NEW POLICY AND PROCESS – APPLICATION CHOICE

APPLICATION AND REVIEW PROCESS FOR MAIL/PHONE APPLICATIONS AND REVIEWS

Beginning February 1, 2002, any applicant/recipient has the option of choosing how s/he will apply for EBD MA. This is no longer an agency choice. The three choices that the client has are:

1. Face to Face Interview for Application/Review
2. Mail-In Application/Review
3. Phone Application/Review

At the time of the initial telephone or other contact, the agency must complete Client Registration, including the priority services determination. (We'll discuss how to set the filing date for phone and mail applications in their respective sections).

The economic support agency must inform any client wishing to apply for MA or due for a review that these choices exist. The agency should also inform these clients that the choice of mail or phone-in effectively eliminates a choice of W-2, Child Care (CC) and Food Stamps (FS) eligibility for them as part of this application. These all require face-to-face interviews. When an individual chooses the MA only phone or mail-in option for application method, a written and signed form explaining that they are 'not requesting' FS, CC or W-2 is not required, as long as the client is using the DES-2034 (Application and Review Form for Wisconsin Elderly/Blind/Disabled Medicaid) or the DES-12277 (Wisconsin Family Medicaid/BadgerCare

Application and Review) application forms.

VERIFICATION

Continue to ask all pertinent eligibility questions, and only require verification for those items listed in the MA Handbook 37.0.0. For more information on the verification policy, see Operations Memo 01-39.

WITNESSING THE SIGNATURE

For mail and phone applications, as well as reviews, the application or review form does not require an agency staff person to witness the signature. **It does not affect our ability to prosecute for fraud nor does it prevent the MA program from recovering benefits provided incorrectly due to a client's misstatement or omission of fact.**

MAIL-IN APPLICATION

As of 2/1/02, both the Application and Review Form for Wisconsin Family Medicaid/BadgerCare (DES-12277) and the Application and Review Form for Wisconsin Elderly/Blind/Disabled Medicaid (DES-2034) can be accepted as a mail-in application. The filing date is the date the application form is received by the economic support agency as long as it contains the individual's name, address and signature. This starts the 30-day processing clock. Any items that are left blank should be assumed to be 'no' answers or \$0.00 answers (this includes a signed and received application which does not have the "date signed" field completed), unless there is a reason to deem an answer 'questionable.' If a worker identifies a need for additional information, i.e., self-employment income and expense details, which is not detailed on the simplified form, a contact should be made with the client via phone or mail to obtain self-declared information. Once the additional self-declared information has been obtained, then determine if the item is "questionable." Document in case comments when the client provides any additional self-declared information from telephone or mail contact that was not written on the original mail-in application.

If an individual fills out an alternate application form other than the DES-2034 for EBD MA and the individual has signed a 'Voluntarily Declining Aid' (DES-2233) form for FS, then the alternate application form can be handled as a mail-in application.

If the DES-2034 is faxed to the local agency, the filing date becomes the date the FAX is printed in the local agency. The original application form is **not** required for processing. MA may not be denied because the original application was not received.

The instruction sheet informs the client of the requirement to verify assets. Based on analysis done during form development, in conjunction with community based social service staff, it is likely that there may be many cases in which mandatory verification items will not be included with the form. When mandatory verification materials are not returned with the application or information affecting MA eligibility that is written on the application is confusing or contradictory, the worker should enter all information available into CARES. Then contact the client via the telephone or mail to either clarify information provided on the application or to request additional information. If mandatory verification is missing or an item is deemed "questionable", follow-up with a written list (EEVC) of what needs to be provided and the due date for the information to be received. The client has until the end of the 30th processing day or 10 days from the request, whichever is later, to return this information. If this is not done, the worker must deny eligibility for MA based upon either failure to verify mandatory or questionable information or the failure to provide/clarify necessary information.

When mandatory verification and/or clarification of questionable items are received timely, as defined above, the eligibility worker keys in the answers provided by the client on the paper form into the CARES system. The worker must enter 'N' on the Program Request Screens (ACPA) for FS, CC and W-2. Workers should 'key what they see' on the application form. Once data is entered into CARES, the worker should run SFED/SFEX to determine eligibility for the case and confirm. The worker should not print the CAF or send it to the client to sign.

PHONE-IN APPLICATION

At the client's request, s/he can apply over the phone. The agency must remember to complete client registration during the initial contact with the applicant.

The agency must immediately send (or otherwise make available) to the potential applicant the front page of the application form that provides a place for the client to give his/her name, address and sign the application. The filing date for the application is the date that this form (with a name, address and signature) is **received** by the agency. This means that no phone interactive interview can be done until the one page application sheet is returned with a name, address and signature. Along with the front application page, the agency should develop a packet of information that will assist the client in his/her preparation for the interactive interview. Do not require the applicant to additionally complete DES-2034.

This packet could include:

1. *Applying for Medicaid* fact sheet
(<http://www.dhfs.state.wi.us/medicaid3/recpubs/factsheets/applying.pdf>).
2. *Medicaid Eligibility and Benefits* brochure (PES-15). This brochure has a new publication number, PHC 10025, and can be ordered by completing a DMT-25 form and sending it to:

Division of Health Care Financing
Attn: Forms/Publications
PO Box 309
Madison, WI 53701-0309

3. Brochures or fact sheets specific to the individual if information is known about that individual (i.e. Spousal Impoverishment, MAPP, BadgerCare, etc.).
(<http://www.dhfs.state.wi.us/medicaid3/recpubs/factsheets/>).

The agency must schedule a time (within regular agency hours) convenient for the client and inform the client that s/he needs to be available without interruptions for a specified period of time to complete the scheduled phone interview. The scheduling of the phone interview can occur either before or after the filing date is established.

Each agency has latitude over how this process will be set up to best serve customers in that agency's service area. However, the agency's process must assure that the client is given a reasonable opportunity to connect with the worker before being considered a 'no show'.

Once connected via phone with the client, the worker must go through the entire CARES interactive interview process. If the client wishes to apply for FS or any other program other than MA during the interview, the worker must complete the MA application, entering 'N' on ACPA for FS, CC and W-2, but also schedule a face-to-face interview with the applicant at their earliest convenience.

Once the interview is completed, the worker prints out the Combined Application Form (CAF) from CARES and sends it (or otherwise makes it available) to the applicant. The worker does

not confirm eligibility for MA at this time. The applicant should review all the information provided on the CAF and make corrections.

The applicant must initial and sign the CAF on the signature page appropriately and return the form to the local agency. The applicant has until the end of the 30th day from the filing date or 10 days from the date the form is sent to him/her, whichever is later, to return the application to the local agency. If the form is not returned within this timeframe, deny the application for failure to sign the application form by overriding CARES eligibility with an 045 code.

When the signed and completed application form is received timely (as defined above), determine if the applicant made any changes to the information. If so, enter these changes into the CARES System. Then determine and confirm eligibility using the CARES system. CARES will generate the appropriate approval or denial notice of decision. For cases that are determined eligible, the agency should send out program information to the recipient that was not supplied at the initial filing of the application. This information could include such things as:

1. A fact sheet for the program for which they are eligible (<http://www.dhfs.state.wi.us/medicaid3/recpubs/factsheets/applying.pdf>).
2. A Change Report form (DES-2001).
3. The Rights and Responsibilities brochure (PES-398).

By choosing a certain method of application or review completion the client is not tied to a specific method for completing subsequent reviews.

CONTACT

DWS CARES Information and Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Phone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.